Complete Summary

TITLE

Antidepressant medication management (effective acute phase treatment): percentage of members who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication for at least 84 days (12 weeks).

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of members 18 years of age and older as of April 30 of the measurement year, who were diagnosed with a new episode of major depression, were treated with antidepressant medication, and remained on an antidepressant medication for at least 84 days (12 weeks).

RATIONALE

This is one component of a two-part measure that looks at whether people treated with drugs for depression are getting good care. See the related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measure [Antidepressant medication management (effective continuation phase treatment): percentage of members who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication for at least 180 days (6 months)](#).

In a given year, an estimated 20.9 million American adults suffer from a depressive disorder or depression. Without treatment, symptoms associated with these disorders can last for years, or can eventually lead to death by suicide or other cause. Fortunately, many people can improve through treatment with appropriate medications.

According to the American Psychiatric Association, successful treatment of patients with major depressive disorder is promoted by a thorough assessment of the patient and close adherence to treatment plans. Treatment consists of an *acute phase*, during which remission is induced; a *continuation phase*, during which remission is preserved; and a *maintenance phase*, during which the susceptible patient is protected against the recurrence of a subsequent major depressive episode.

When pharmacotherapy is part of the treatment plan, it must be integrated with the psychiatric management and any other treatments that are being provided. Patients who have started taking an antidepressant medication should be carefully monitored to assess their response to pharmacotherapy as well as the emergence of side effects, clinical condition and safety. Factors to consider when determining the frequency of patient monitoring include the severity of illness, the patient's cooperation with treatment, the availability of social supports and the presence of comorbid general medical problems. In practice, the frequency of monitoring during the acute phase of pharmacotherapy can vary from once a week in routine cases to multiple times per week in more complex cases.

Patients who have been treated with antidepressant medications in the acute phase should be maintained on these agents to prevent relapse.

PRIMARY CLINICAL COMPONENT

Major depressive disorder; antidepressant medication management; acute phase treatment; continuous treatment

DENOMINATOR DESCRIPTION

Members age 18 years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depressive disorder during the Intake Period and treated with antidepressant medication (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

The number of members from the denominator with at least 84 days (12 weeks) of continuous treatment with antidepressant medication (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured
Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/Medicare
External oversight/State government program
Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care
Managed Care Plans
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

- About 13 million American adults suffer from depression each year; 1 in 7 Americans will suffer from a major depressive disorder in their lifetime.
- About 1 in 8 people over the age of 65 suffer from depression.
- 40 to 50 percent of primary care patients diagnosed with depression stop treatment within three months of diagnosis.
- Another 50 percent discontinue antidepressant medications during the maintenance phase of treatment.

EVIDENCE FOR INCIDENCE/PREVALENCE

Hybels CF, Blazer DG. Epidemiology of late-life mental disorders. Clin Geriatr Med2003 Nov;19(4):663-96, v. [160 references] PubMed

Kessler RC, Berglund P, Demler O, Jin R, Koretz D, Merikangas KR, Rush AJ, Walters EE, Wang PS, National Comorbidity Survey Replication. The epidemiology of major depressive disorder: results from the National Comorbidity Survey Replication (NCS-R). JAMA2003 Jun 18;289(23):3095-105. PubMed

Melartin TK, Rytsala HJ, Leskela US, Lestela-Mielonen PS, Sokero TP, Isometsa ET. Continuity is the main challenge in treating major depressive disorder in psychiatric care. J Clin Psychiatry2005 Feb;66(2):220-7. PubMed

Simon GE. Evidence review: efficacy and effectiveness of antidepressant treatment in primary care. Gen Hosp Psychiatry2002 Jul-Aug;24(4):213-24. [117 references] PubMed

ASSOCIATION WITH VULNERABLE POPULATIONS

While depression affects people of all ages -- the median age of onset is 32 -- depression is especially prevalent among the elderly. About 1 in 8 people over the age of 65 suffer from depression.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Hybels CF, Blazer DG. Epidemiology of late-life mental disorders. Clin Geriatr Med2003 Nov;19(4):663-96, v. [160 references] PubMed

Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry2005 Jun;62(6):593-602. PubMed

BURDEN OF ILLNESS

- Depression may lead to appetite and sleep disturbances, anxiety, irritability, decreased concentration, and greatly increases the risk of suicide.
- Early discontinuation of treatment is associated with higher rates of relapse and major depressive episodes.

EVIDENCE FOR BURDEN OF ILLNESS

Charbonneau A, Bruning W, Titus-Howard T, Ellerbeck E, Whittle J, Hall S, Campbell J, Lewis SC, Munro S. The community initiative on depression: report from a multiphase work site depression intervention. J Occup Environ Med2005 Jan;47(1):60-7. PubMed

Melartin TK, Rytsala HJ, Leskela US, Lestela-Mielonen PS, Sokero TP, Isometsa ET. Continuity is the main challenge in treating major depressive disorder in psychiatric care. J Clin Psychiatry2005 Feb;66(2):220-7. PubMed

UTILIZATION

Unspecified

COSTS

- Direct treatment of depression accounts for only $12.4 billion -- about 28 percent -- of its total treatment cost. Lost productivity and absenteeism account for the remainder: $44 billion.
- The overall health bills of those who suffer from depression are 70 percent higher than those who do not.
- A patient who discontinues antidepressant treatment within six months incurs an average of more than $400 per year in higher medical costs than adherent patients.

EVIDENCE FOR COSTS

Cantrell CR, Eaddy MT, Shah MB, Regan TS, Sokol MC. Methods for evaluating patient adherence to antidepressant therapy: a real-world comparison of adherence and economic outcomes. Med Care2006 Apr;44(4):300-3. PubMed

National Academy on an Aging Society. Depression: a treatable disease. Washington (DC): National Academy on an Aging Society; 2000 Jul. 6 p.(Challenges for the 21st century: chronic and disabling conditions; no. 9).

Sederer LI, Clemens NA. Economic grand rounds: the business case for high-quality mental health care. Psychiatr Serv2002 Feb;53(2):143-5. PubMed

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Members age 18 years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depressive disorder during the Intake Period* and treated with antidepressant medication. Include members who were continuously enrolled 120 days prior to the Index Episode Start Date (IESD)** through 245 days after the IESD with no more than one gap in enrollment of up to 45 days (commercial, Medicare) or not more than a one-month gap in coverage (Medicaid)

Intake Period: The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year.

**Index Episode Start Date*: The earliest encounter during the Intake Period with any diagnosis of major depression (refer to Table AMM-A in the original measure documentation for codes to identify major depression) that meets the following criteria:

- A 120-day Negative Diagnosis History
- A 90-day Negative Medication History

For an inpatient (acute or nonacute) claim/encounter, the IESD is the date of discharge.

For a transfer, the IESD is the discharge date from the facility to which the member was transferred.

Refer to the original measure documentation for additional details.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Members age 18 years and older as of April 30 of the measurement year who were diagnosed with a new episode of major depressive disorder during the Intake Period and treated with antidepressant medication (see the "Description of Case Finding" field)

Refer to the original measure documentation for steps to identify the eligible population.

Exclusions

- Members who had a claim/encounter for any diagnosis of major depression or prior episodes of depression during the 120 days prior to Index Episode Start Date (IESD) [refer to Tables AMM-A and AMM-C in the original measure documentation for codes to identify depression].
- Exclude members who did not fill a prescription for an antidepressant medication during the period of 30 days prior to the IESD (inclusive) through 14 days after the IESD (inclusive).
- Exclude members who filled a prescription for an antidepressant medication from 90 days (3 months) prior to and including the Index Prescription Start Date (IPSD)*.

*IPSD: The earliest prescription dispensing date for an antidepressant medication during the period of 30 days prior to the IESD (inclusive) through 14 days after the IESD (inclusive).

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Therapeutic Intervention

DENOMINATOR TIME WINDOW

Time window brackets index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of members from the denominator with at least 84 days (12 weeks) of continuous treatment with antidepressant medication during the 114-day period following the Index Prescription Start Date (IPSD)* (inclusive)

Exclusions
Members whose medication treatment gap days exceed 30 during the 114-day period.

*IPSD: The earliest prescription dispensing date for an antidepressant medication during the period of 30 days prior to the IESD (inclusive) through 14 days after the Index Episode Start Date (IESD) (inclusive).

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

OUTCOME TYPE

Proxy for Outcome

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Antidepressant medication management (AMM) [effective acute phase treatment].

MEASURE COLLECTION

HEDIS® 2009: Healthcare Effectiveness Data and Information Set

MEASURE SET NAME

Effectiveness of Care

MEASURE SUBSET NAME

Behavioral Health

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

INCLUDED IN

Ambulatory Care Quality Alliance
National Healthcare Quality Report (NHQR)
Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1999 Jan

REVISION DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008. Healthcare effectiveness data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

MEASURE AVAILABILITY

The individual measure, "Antidepressant Medication Management (AMM) [Effective Acute Phase Treatment]," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on June 30, 2003. The information was verified by the measure developer on July 25, 2003. This NQMC summary was updated by ECRI on July 21, 2006. The updated information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on April 18, 2008. The information was verified by the measure developer on May 30, 2008. This NQMC summary was updated again by ECRI Institute on March 20, 2009. The information was verified by the measure developer on May 29, 2009.

COPYRIGHT STATEMENT

For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to *HEDIS Volume 2: Technical Specifications*, available from the NCQA Web site at www.ncqa.org.

<div style="background-color:#9999ff; text-align:center; font-weight:bold; color:white">Disclaimer</div>

NQMC DISCLAIMER

The National Quality Measures Clearinghouse™ (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the NQMC Inclusion Criteria which may be found at http://www.qualitymeasures.ahrq.gov/about/inclusion.aspx.

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. The inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.

Copyright/Permission Requests

Date Modified: 7/27/2009